



CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

___ New enrollment
 ___ Update

For enrollment in the Child and Adult Care Food Program of:

 Name of Day Care Provider / Business Name

(Following to be filled out by parent or guardian *only*)

I wish to enroll my child/children, whose names and birth dates are given below, in the Child and Adult Care Food Program, which reimburses day care providers for serving nutritious, well-balanced meals to day care children.

CHILDREN: <u>FIRST & LAST NAME</u>	<u>BIRTHDATE</u>	<u>USUAL HOURS</u>	<u>Meals your child will normally receive while in care:</u>					
			<u>BKFT</u> 6-9	<u>AM</u> SNK	<u>LUNCH</u> 11-1:30	<u>PM</u> SNK	<u>DINNER</u> 5-7	<u>LATE</u> SNK
_____	_____	From _____ To _____	_____	_____	_____	_____	_____	_____
_____	_____	From _____ To _____	_____	_____	_____	_____	_____	_____
_____	_____	From _____ To _____	_____	_____	_____	_____	_____	_____
_____	_____	From _____ To _____	_____	_____	_____	_____	_____	_____

If your child attends school, please indicate the hours they are not in care: _____ a.m./p.m. until _____ a.m./p.m.

Days in care in a normal week (*circle*): Mon Tues Wed Thurs Fri Sat Sun Holidays

Are children related to provider? No Yes (*circle*) niece/nephew cousin grandchild own child other _____

NOTE here special information about your schedule: _____

NOTE here any food allergies your child/children have and the doctor's name (**milk allergies/intolerance require a CCFP Medical Statement**): _____

RACIAL OR ETHNIC IDENTITY (not required)

Please check your child's racial ethnic identity.

<u>Mark one ethnic identity:</u>	<u>Mark one or more racial identities, if any:</u>	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian & Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other: _____

I understand my child/children will receive meals at no extra charge to me when they are in care during any of the scheduled meal services and receive meals. I understand that the day care home cannot and will not discriminate for reasons of race, color, national origin, sex, age, or disability.

Parent Name (Print) _____ DATE : _____
 (date **must** be filled in)
 Parent Signature _____ update *yearly*
 Parent Address _____ Zip _____

If I need to be contacted by phone to update and/or verify this information at some time, my Home Telephone Number is _____ or you may call me at my Work Telephone Number _____

CONFIDENTIALITY: The information you provide will be treated confidentially and will be used only for eligibility determinations and verification of data for Child and Adult Care Food Program purposes.

**Child Meal Pattern
Breakfast**

Select All Three Components for a Reimbursable Meal

Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk fluid milk	1/2 cup	3/4 cup	1 cup
1 fruit/vegetable juice, ² fruit and/or vegetable	1/4 cup	1/2 cup	1/2 cup
1 grains/bread³ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/4 cup	1/2 slice 1/3 cup 1/4 cup	1 slice 3/4 cup 1/2 cup

**Child Meal Pattern
Lunch or Supper**

Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk fluid milk	1/2 cup	3/4 cup	1 cup
2 fruits/vegetables juice, ² fruit and/or vegetable	1/4 cup	1/2 cup	3/4 cup
1 grains/bread³ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/4 cup	1/2 slice 1/3 cup	1 slice 3/4 cup
1 meat/meat alternate meat or poultry or fish ⁴ or alternate protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds ⁵ or yogurt ⁶	1 ounce 1/4 cup 2 Tbsp. 1/2 ounce	1 1/2 ounces 3/8 cup 3 Tbsp. 3/4 ounce	2 ounces 1/2 cup 4 Tbsp. 1 ounce

**Child Meal Pattern
Snack**

Select Two of the Four Components for a Reimbursable Snack

Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk fluid milk	1/2 cup	1/2 cup	1 cup
1 fruit/vegetable juice, ² fruit and/or vegetable	1/2 cup	1/2 cup	3/4 cup
1 grains/bread³ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/4 cup	1/2 slice 1/3 cup 1/4 cup	1 slice 3/4 cup 1/2 cup
1 meat/meat alternate meat or poultry or fish ⁴ or alternate protein product or cheese or egg ⁵ or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds ⁵ or yogurt ⁶	1/2 ounce 1 Tbsp.	1/2 ounce 1 Tbsp.	1 ounce 2 Tbsp.

¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

² Fruit or vegetable juice must be full-strength. Juice cannot be served when milk is the only other snack component.

³ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

⁴ A serving consists of the edible portion of cooked lean meat or poultry or fish.

⁵ One-half egg meets the required minimum amount (one ounce or less) of meat alternate.

⁶ Yogurt may be plain or flavored, unsweetened or sweetened.